



TreasuryDirect

SECURITY TRANSFER REQUEST

SEE INSTRUCTIONS -TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. TreasuryDirect ACCOUNT INFORMATION

FOR DEPARTMENT USE

TreasuryDirect ACCOUNT NUMBER _____

ACCOUNT NAME _____

DOCUMENT AUTHORITY

APPROVED BY

DATE APPROVED

2. SECURITIES IDENTIFICATION AND AMOUNT

CHECK THE BOXES WHICH APPLY AND PROVIDE THE INFORMATION REQUESTED.

WARNING: All scheduled reinvestments will be cancelled at the time of transfer.

☐ Transfer **ALL** my securities for the above TreasuryDirect account.

☐ Transfer my securities totaling \$ _____ from the CUSIPs below. (Additional forms are required for more than 10 CUSIPs.)

CUSIP	AMOUNT	Department Use Reference Number	CUSIP	AMOUNT	Department Use Reference Number
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

☐ Transfer \$ _____ of my holdings for CUSIP number _____

(If you are NOT transferring all of your holdings for this CUSIP, you must also list the specific sub-accounts and amounts to be transferred below. This information is shown on your TreasuryDirect Statement of Account.)

SUB-ACCOUNT	AMOUNT	SUB-ACCOUNT	AMOUNT	SUB-ACCOUNT	AMOUNT
_____	\$ _____	_____	\$ _____	_____	\$ _____

3. TRANSFER INSTRUCTIONS

CHECK **ONE** BOX ONLY AND PROVIDE THE INFORMATION REQUESTED FOR THAT TRANSFER.

☐ **INTERNAL TRANSFER TO ANOTHER TreasuryDirect ACCOUNT NUMBER**

TreasuryDirect ACCOUNT NUMBER _____

(May be left blank if New Account Request [PD F 5182] is attached.)

ACCOUNT NAME _____

Identify the TreasuryDirect account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

1st Named Owner _____ OR _____
Social Security Number Employer Identification Number

☐ **EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION** (Before completing, see instructions.)

ROUTING NUMBER _____

FINANCIAL INSTITUTION WIRE NAME _____

SPECIAL HANDLING INSTRUCTIONS _____

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

(OVER)

4. AUTHORIZATION

YOU **MUST** WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING INDIVIDUAL TO SIGN THIS FORM. **IF THERE ARE TWO OWNERS JOINED BY THE WORD "AND", BOTH MUST SIGN.**

I/We submit this transfer request pursuant to the provisions of Department of the Treasury Circular, Public Debt Series No. 2-86 (31 CFR Part 357) and 1-93 (31 CFR Part 356). I/We understand all scheduled reinvestments will be cancelled at the time of transfer.

Under penalties of perjury, I/we certify that the information provided on this form is true, correct and complete.

Signature

Title (if appropriate)

Date

Signature

Title (if appropriate)

Date

Address

Telephone (Daytime)**5. CERTIFICATION**

YOUR SIGNATURE **MUST** BE CERTIFIED BY AN AUTHORIZED CERTIFYING INDIVIDUAL.

Instructions to Certifying Individual:

1. Name of person(s) who appeared and date/place of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Certification **CANNOT** be detached from this transfer request.

I certify that _____, whose identity(ies) is/are known or proven to me,
Name(s) of Person(s) Who Appeared

personally appeared before me this _____ day of _____ at _____
Month/Year City/State
and signed this request.

ACCEPTABLE CERTIFICATIONS:

Financial Institution's Official Seal or
Stamp (Such as Corporate Seal,
Signature Guaranteed Stamp, or
Medallion Stamp). **Brokers must
use a Medallion Stamp.**

Signature and Title of Certifying Individual

Name of Financial Institution

Address

City/State/ZIP Code

Telephone

Certification by a Notary is NOT Acceptable.



TreasuryDirect

INSTRUCTIONS FOR COMPLETING A SECURITY TRANSFER REQUEST

PURPOSE

You may use this form to request the **transfer of securities** from a *TreasuryDirect* account to:

- another *TreasuryDirect* account, or
- a designated account at a financial institution.

IMPORTANT NOTICES

- **All scheduled reinvestments will be cancelled at the time of transfer.**
- **This form must be signed.** Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only**. Where spaces are provided, enter only one number in each space.
- **TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. TreasuryDirect ACCOUNT INFORMATION

Print your *TreasuryDirect* ACCOUNT NUMBER and the ACCOUNT NAME (registration) as stated on your *TreasuryDirect* STATEMENT OF ACCOUNT.

2. SECURITIES IDENTIFICATION AND AMOUNT

Check the boxes which apply and provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON YOUR *TreasuryDirect* STATEMENT OF ACCOUNT.

To transfer **ALL** the securities in the *TreasuryDirect* account listed in section 1, check the first box.

To transfer one or more securities in your *TreasuryDirect* account, check the second box, enter the total dollar amount of the securities being transferred, and list the CUSIP numbers and amounts.

AMOUNT - The total par for the CUSIP.

CUSIP - The number (for example, 912795XXX) that identifies the securities to be transferred (located under the heading "Security" on your *Statement of Account*).

To transfer a portion of one security in your *TreasuryDirect* account, check the third box, enter only the amount being transferred, and list the CUSIP number. To transfer security sub-account(s), enter the sub-account number(s) and dollar amount(s) to be transferred. **THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY BOTH THE MINIMUM AND MULTIPLE HOLDING REQUIREMENTS FOR THE SECURITY.**

3. TRANSFER INSTRUCTIONS

(Choose One Option Only)

INTERNAL TRANSFER TO ANOTHER *TreasuryDirect* ACCOUNT

Check the box to transfer your securities to another *TreasuryDirect* account number. **Please note: All scheduled reinvestments will be cancelled at the time of transfer.**

- *TreasuryDirect* ACCOUNT NUMBER - Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, please leave the ACCOUNT NUMBER blank and include a completed *New Account Request* (PD F 5182).
- ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the transferee's *Statement of Account* or, in the case of a new account, on the *New Account Request* (PD F 5182).
- TAXPAYER IDENTIFICATION NUMBER - If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION (continued on next page)

EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

Check the box to transfer your securities to a financial institution for safekeeping or sale. Contact the financial institution for their "Book-Entry" delivery instructions. **Please note: Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

- ROUTING NUMBER - ABA (identification) number of the financial institution receiving the securities.
- FINANCIAL INSTITUTION WIRE NAME - Provide the financial institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- SPECIAL HANDLING INSTRUCTIONS - The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities.

Examples: **To a financial institution for safekeeping:**

Routing Number: XXXXXXXXX
Financial Institution Wire Name: ABC BK/TRUST
Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
TRUST ACCOUNT NUMBER XXXXXX

To a financial institution for transfer to a brokerage firm:

Routing Number: XXXXXXXXX
Financial Institution Wire Name: ABC/CUST/BRKG
Special Handling Instructions: FURTHER CREDIT TO JOHN DOE
BROKERAGE ACCOUNT NUMBER XXXXXX

4. AUTHORIZATION

Sign and date the request in the presence of an authorized certifying individual. Identification may be required. Remember, if there are two owners joined by the word "and", both must sign (for example, John Doe and Mary Doe). Please provide an address and daytime telephone number (including area code) where you may be contacted if there are questions about this transfer.

5. CERTIFICATION

Certification of your signature is required. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.**

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature
XXXXXXXXX
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

SUBMISSION

Completed forms should be submitted to your Treasury Retail Securities Site. You can find the *TreasuryDirect* address on your *Statement of Account* or on the web (www.treasurydirect.gov). **This form must be received at least ten business days in advance of:**

- the **maturity date** of the security to ensure processing, and
- an **interest payment date** for the security to ensure processing prior to that date.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (304) 480-6158.

CONFIRMATION OF THE TRANSFER

You will receive a *TreasuryDirect Statement of Account* after your securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; instead, submit completed form in the manner described previously under SUBMISSION.**